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ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1963.

GUERNSEY :

1964.



*With the Compliments
of the
Medical Officer of Health,
Guernsey.*



Report of the Medical Officer of Health for 1963

Lukis House,
Grange,
Guernsey.

31st March, 1964.

SIR,

I have the honour to present to you my Annual Report on the health of the Bailiwick of Guernsey for 1963.

I have the honour to be, Sir,

Your obedient servant,

A. T. G. THOMAS, M.D., B.S., D.P.H.,
Medical Officer of Health.

The President,
Board of Health,
Guernsey.

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INTRODUCTION

The Administrative Background

The administrative area embraced by this Report includes Guernsey, Alderney, Herm, Sark, and Jethou. Communication is by air and sea to Alderney and by sea to the other Islands. To anyone unfamiliar with the Island who wishes to study the information contained in the Report it is perhaps helpful to note that the whole background differs in many respects from that of a conventional local authority on the mainland.

The Public Health Department functions under the Board of Health, which is one of the standing committees of the States of Guernsey and it derives its powers and responsibilities largely from local legislation. This means virtual independence from the mainland in the field of public health, though in practice valuable assistance is given in dealing with certain problems by the Ministry of Health and the Wessex Regional Hospital Board. Further, the Island is outside the scope of the National Health Service, though an arrangement exists on the one hand for the treatment of visitors and on the other for Island patients to receive treatment on the mainland for ailments for which suitable provision does not exist here.

Another interesting feature is that the static nature of the population makes epidemiological and environmental study of the people easier than in a mainland community, and this has in fact attracted one or two research workers in these fields. The population may be divided roughly into urban and rural communities and the main occupations are the growing of tomatoes and flowers, and commerce. Light industry is showing some promise of development, and of course the substantial number of summer visitors is a valuable economic factor.

TABLE I

GEOGRAPHICAL

The Island of Guernsey is seventy five miles from Weymouth, forty two from Cherbourg and sixty one from St. Malo. Its area is 24.5 square miles and its highest point is 345 feet above sea level.

METEOROLOGICAL STATISTICS

SUNSHINE:

Total hours, 1963	...	...	1,666.1	Sunless days, 1963	...	...	...	72
Average—50 years	...	...	1,880.6	Average, 50 years	...	...	...	57

Comparative sunshine hours, 1963

Highest total hours in the British Isles:

1. Shanklin	...	...	...	1,788.8	4. Jersey (Dale Fort)	...	...	1,702.2
2. Eastbourne	...	...	...	1,721.9	5. Jersey (Gorey)	...	...	1,696.4
3. Sandown	...	...	...	1,703.3	6. Bognor	...	...	1,692.0

RAINFALL:

Total inches, 1963	...	...	31.39	Rain days, 1963	...	...	...	186
Average—50 years	...	...	36.04	Average, 50 years	...	...	...	189

TEMPERATURE:

							°C.	°F.
Yearly mean, 1963	...	...	...	...	...	...	9.2	48.6
Average, 50 years	...	...	...	...	...	...	10.7	51.3
Mean daily range, 1963	...	...	...	...	...	...	4.5	8.1
Average, 50 years	...	...	...	...	...	...	4.9	8.9

WIND:

	Calm	N.	NE.	E.	SE.	S.	SW.	W.	NW.
Days in the year	12	24	47	44	37	44	65	57	35

Force:

Monthly mean	...	...	3.7	Gales	...	...	...	5
Average, 118 years	...	...	2.9	Highest gust	...	...	...	63 m.p.h.

“The care of the Public Health is the most important public service that can be undertaken.”

Sir Havilland de Sausmarez,
Bailiff of Guernsey, 1922-29.

“Everyone says that prevention is better than cure, and hardly anyone acts as if he believes it, whether he is attached to Parliament, Central or Local Government, or the commonalty of citizens. Palliatives nearly always take precedence over prevention and health services today are too heavily loaded with salvage. Treatment—the attempt to heal the sick—is more tangible, more exciting and more immediately rewarding, than prevention.”

James Mackintosh (1953)
formerly Professor of Public Health in the University of London.

GENERAL

It is encouraging to record that a number of advances and improvements in the health services, which were initiated in 1962, continued to develop in 1963. The appointment of Mrs. I. A. R. Johnston as the fourth School Nurse/Health Visitor not only brought new blood into the organisation but enabled the project of district re-organisation to be put into effect. During the year it was soon abundantly evident that the whole service was taking on a new look. The division of the Island into four districts, each with its own Health Visitor began to make possible a much closer relationship between the Health Visitor and the population she served, and the combination of school work with health visiting also encouraged this.

The increased efficiency of the service did, however, underline its previous inadequacy, and also brought out the interesting situation that at least half of each Health Visitors' time was absorbed by school work. The generally accepted ratio of Health Visitors to population is one to five thousand. This means that there should, in effect, be nine of these workers in Guernsey. If the service is to function adequately an increase in establishment is inevitable.

Once again in the autumn we had the pleasure of a visit from Dr. Geoffrey Dean of East London, South Africa, to continue his important statistical survey of lung cancer in the Islands. It is anticipated that his findings will be published in 1964, and will no doubt arouse considerable interest.

It had been hoped that it might have been possible to secure a larger number of visiting experts than last year, but this unfortunately was not possible, though we were able to show some interesting films on phenylketonuria. Correspondence had taken place with the Chest and Heart Association who showed much interest in putting on a local conference with special appeal to the general practitioners in the Island.

There is no doubt, however, that encouragement of professional visits and conferences here is of especial value and that further efforts must be made to encourage them. There are two main reasons for this. One is that they provide an

opportunity for discussion and friendly contact between workers in the various health fields in the Island; the other because it is most desirable for people who live and work in an island, with its restricted horizon, to have as much contact as possible with current professional practice and opinion. This can, of course, also be achieved by sending people for refresher courses on the mainland, but this is relatively uneconomic as compared with bringing experts over here. Next year, a further effort will be made to organise a conference under the auspices of the Royal College of Nursing.

During 1963 some progress was made towards legal rearmament of the Public Health Department, but it is a slow business. It seems most desirable, if not ultimately inevitable, that the main provisions of the Food and Drugs Act of 1955 should be adopted in the Island, and indeed, this matter is far advanced in Jersey.

Progress can be reported in dealing with two important problems. The first is that the deplorable sanitary conditions arising from inadequate and overflowing cesspits and generally inadequate sewerage is being recognised, and plans are being prepared to bring about improvement. This will necessarily take a long time and a good deal of money, but the absolute necessity of tackling it is gradually being appreciated. Secondly, we are at last coming to grips with the geriatric problems. The answer to this in the long run is not simply increased institutional accommodation. Indeed, there has been an over-provision of this in the past as regards hospital type accommodation, and many unsuitable cases have found their way into institutions which are now blocked for the reception of urgent ones. This will need a great deal of sorting out over a period, and the matter will be discussed in greater detail later in this Report.

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In another important field it is gratifying to record that progress is maintained and often increased, and that is in the hygienic control of catering establishments. It could now be said that the majority of establishments which cater for the public maintain a decent or even a high standard of order and cleanliness in their kitchens. The reverse was certainly the case in 1962. While on the subject of clean food, a disturbing situation came to light in connection with the island's milk supply. It was found that some samples showed substantial contamination with penicillin, due to the administration of this drug by the farmer to treat mastitis in his cows. This was most alarming in two particular aspects. Firstly, it showed that milk from infected cattle could find its way to the public, and secondly that the ingestion of penicillin by the public could bring about resistance and reactions. Co-operation was at once forthcoming from the States Dairy, and stricter discipline applied to the milk producers brought the situation under control.

Conference at Eastbourne

The Royal Society of Health's Annual Conference at Eastbourne was attended in April, and many items of interest were studied. It was particularly informative to observe the changing picture in the field of Public Health, in which higher and higher standards are taking shape. Prominent amongst these is the ever-growing concept of "positive health". As we move away from the control of epidemic diseases which every year present less of a threat to the health of the population, so advance is made to the promotion of a study of positive well-being, prolonged further and further into old age. Another important development is the extension of the field of Public Health to include more and more diseases of non-infective character which had not previously been regarded as relevant. In other words, diabetes, phenylketonuria, nutritional and circulatory disorders, all now come more prominently within the scope of preventive medicine.

Stemming logically from this, emphasis was laid upon the desirability of developing more co-operation in the preventive field with the general medical practitioner and with the local authority. The importance of prevention in the field of mental health also found a place. Concern was expressed in the ever-increasing addition of foreign substances to food stuffs supplied to the public, in particular the use of antibiotics. On the positive side, however, much progress had been made in harmless preservation and packing which enable the retailer to maintain his stocks in good condition and hand them over to the public in the same state.

One paper stressed in particular, the more effective use of the professional, as opposed to the domestic use, of the services of qualified nurses, the point being that in view of the shortage of qualified persons generally they should be relieved of most of the duties which do not demand such a professional status.

The problem of atomic radiation in its impact upon the public was also discussed, and as a side issue, though an important one, the psychological impact of the atomic age was studied. It was an unhappy thought that one person in every three in the United Kingdom suffered some degree of emotional and mental instability.

Much emphasis was laid upon the ever growing need for education in mental as well as physical health at all ages and levels of society.

The general impression gained at the Conference was a somewhat sobering one, inasmuch as it was often evident that Local Authorities on the mainland are often pre-occupied with standards and services years in advance of what may be achieved in the foreseeable future in this Island. There is much hard work ahead if the leeway is to be reduced.

Planning and Public Health

The intimate relationship between town planning, housing, and public health does not appear to have been recognised in the Island, at least until recent years, and it is encouraging to know that after a period of gestation of about a year the Planning Authority is to come into being. This is an important move forward from the public health point of view.

Perhaps housing could be regarded as the most fundamental necessity for the decent living of a community, and the need for improvement in this respect is enormous. Overcrowding is commonplace, dampness is the rule rather than the exception, and dozens of properties should be demolished tomorrow. Convincing arguments have been advanced to explain why there is a sorry back-log in housing when the population has only increased from 43,179 in 1948 to 45,550 in 1962, but the fact remains that the situation is bad. It must, of course, be recognised that a housing shortage is not a new problem, and practically all local authorities on the mainland have had to cope with it, but there are degrees of shortage, and standards, which have altered during the past twenty years.

It has been stated that one reason why there is a housing shortage here is that young married couples are now wishing for separate accommodation in preference to living with their parents. Surely this is understandable and right. The situation is made no easier by the pressure brought about by the large numbers of visitors who descend upon us in the summer, and too often the family may take to a troglodyte existence in the cellar in order to reap the maximum benefit from letting accommodation.

In spite of the considerable number of new houses and other accommodation which are becoming available there is the difficulty, not perhaps generally appreciated, that every year a number of properties sink from the condition of being just tolerable for habitation from the public health aspect, to a level at which they are definitely unfit, and cannot be rehabilitated for economic reasons.

Finally, I should like once again to express appreciation for the help and co-operation given to the Department by the Board, the Education Council and its Officers, and other States Departments, and to commend the effective work of the staff.

POPULATION

The 1963 estimates are as follows:

Guernsey	...	...	...	...	46,200
Alderney	...	...	...	...	1,416
Sark	...	...	...	...	560

As regards visiting population, the registered accommodation available for tourists in 1963 totalled 10,428 beds. There were 108,466 passenger arrivals by air and 61,253 by sea, making a total of 169,719.

Births

In the year 1963 there were 842 live births registered in the Island. Of these 455 were males and 387 females. The Birth Rate is therefore 18.22 per thousand. The corresponding rate for 1962 was 17.5.

There were 13 stillbirths as against 15 in 1962 giving a rate of 15.44 per thousand live births. There were 51 illegitimate births, 6.05% i.e. 1:16.5 live births during the year, as against 45 in 1962, an increase of 6.

Deaths

There were 542 deaths in 1963, 27 less than in 1962. This gives a crude death rate of 11.73 per thousand and a corrected death rate of 8.21 per thousand. The correction is related to the particular age and sex distribution of the population in Guernsey and the Comparability Factor is 0.7.

Comments on Causes of Death

1. *Pulmonary Tuberculosis*

It is noted that out of fifteen cases of pulmonary tuberculosis treated in the Sanatorium there were three deaths, while three deaths outside the Sanatorium were also attributed to this disease.

2. *Cancer*

Cancer of the lung has been dealt with elsewhere in the Report. Deaths due to the disease in other sites showed that the next most common was in the stomach (16 cases, as against exactly the same number last year), the distribution of cases, averaging four and five, was fairly even over other sites. It is noted that there were three cases of leukaemia as against one last year.

3. *Coronary Thrombosis*

In 1963 ninety-five deaths were actually attributed to coronary disease as against sixty-seven last year. If, however, the other degenerative diseases of the circulatory system are included the total is 183 out of 535, as compared with 184 out of 569 last year, so there appears to be no significant increase. One of the peculiarities noticed here is the close approximation of the actual number of deaths from certain specified diseases from year to year, which is not confined to circulatory diseases only. For example, the number of deaths from lung cancer is precisely the same (28) and also that of the stomach (16).

4. *Bronchitis*

The total deaths in which bronchitis featured were twelve as against seventeen last year. This must be regarded as a low figure, especially having regard to the severe winter and considering the great frequency of the disease on the mainland. The inference would seem to be that it is an absence of impurities from the air, rather than actual climatic factors which is of paramount importance in influencing the occurrence of this disease. Another factor, of course, is the average age of the population. The known high level of this in the Island makes the low figure for bronchitis the more noticeable.

5. *Senility*

The actual return of deaths where senility was a prominent factor was fifty, as against fifty-nine returned last year. This cannot be regarded as a particularly significant figure, since the whole pattern of sickness and mortality is naturally influenced by the general longevity.

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Cremations

During the year there were 106 cremations as compared with an average of 74 over the past ten years or so. This figure is extremely interesting since it shows an increase over 1962. It emphasises, in fact, the increasing popularity of this form of disposal of the dead.

<i>Year</i>						<i>Total</i>
1954	...	...	...	...	...	74
1955	...	...	...	...	...	55
1956	...	...	...	...	...	70
1957	...	...	...	...	...	69
1958	...	...	...	...	...	50
1959	...	...	...	...	..	65
1960	...	...	...	...	...	73
1961	...	...	..	...	...	80
1962	...	...	...	...	...	99
1963	...	...	...	...	...	106

TABLE II *

YEAR	Estimated Population to middle of each year	BIRTHS		DEATHS			DEATHS Under 1 year	
		No.	Rate per 1,000	No.	Crude rate per 1,000	Adjusted rate per 1,000	No.	Rate per 1,000 Births
1946	38,038	872	22.9	431	11.3	7.9	35	40.1
1947	40,674	900	22.2	419	10.3	7.2	30	33.3
1948	43,179	870	20.2	445	10.4	7.3	17	19.5
1949	44,374	795	17.9	495	11.1	7.7	20	25.1
1950	44,792	746	16.6	480	10.7	7.4	22	29.5
1951	44,498	775	17.4	510	11.4	8.0	11	14.2
1952	43,367	736	16.9	464	10.7	7.5	24	32.6
1953	44,158	727	16.5	456	10.4	7.3	23	31.6
1954	43,414	689	15.8	492	11.3	7.9	9	13.1
1955	42,073	667	15.9	423	10.0	7.0	18	26.9
1956	41,149	701	17.0	495	12.0	8.4	14	19.9
1957	40,721	725	17.8	517	12.7	8.89	24	33.0
1958	43,450	717	16.5	497	11.4	7.98	16	22.3
1959	43,950	709	16.1	498	11.3	7.91	14	19.7
1960	44,700	769	17.2	491	10.9	7.63	11	14.3
1961	45,000	757	16.8	659	12.6	8.82	16	21.1
1962	45,550	797	17.5	569	12.5	8.68	15	17.6
1963	46,200	842	18.2	542	11.7	8.21	24	28.5

* TABLE II—Note (a) The method of estimating the mid-year population was changed in 1958 to what is considered to be a more correct method.

Note (b) The estimate for 1963 has been adjusted in the light of preliminary population figures compiled from the 1961 Census Returns.

Maternal Mortality

As in 1962 there were no deaths attributable to pregnancy or childbirth. Under the Midwives Ordinances 1950 and 1955 medical aid is provided in necessitous obstetrical cases. The cost to the Board of Health of this service in 1963 was £427 14s. 6d. as against £330 7s. 3d. in 1962. Medical aid was sought in 207 cases as against 221 in 1962.

Infant Mortality

The number of deaths under one year of age was 24 giving an Infant Mortality Rate of 28.5. The rate for 1962 was 17.6. The rate for 1961 was 21.1 per thousand live births. There were 21 deaths under one month giving a Neo-Natal death rate of 24.9 per thousand live births.

Marriages

Three hundred and fifty-eight marriages took place during the year as against 332 last year. The corresponding rates are 7.75 and 7.3 per thousand head of population.

THE GERIATRIC SCENE

Mention has been made previously of the growing geriatric problem which deserves a little more attention. One of the disturbing aspects of this is the fact that every probability indicates that it will steadily increase over a number of years. In fact, it has been estimated that in ten years time one person in seven will be over 70 years old.

As in some other quarters of the field of public health the geriatric problem is one in which we have been slow to appreciate the trends and face up to their implications as has been done in England. For a long time the policy seems to have been to accept all elderly persons, whose abilities are failing, into an institution and into a bed, where they ultimately move towards the end of their days in a state of inactivity.

However, the whole problem is now to be reviewed as a matter of urgency and a move made to a more up to date approach. This will entail the giving of a new look to the geriatric service and the important features of this should be as follows:—

- (1) The development of a geriatric rehabilitation and assessment unit in which such patients as can be relieved of their ailments can receive treatment and return home.
- (2) The establishment of homes of "Welfare" character. These will cater for people not needing too much nursing but who can fend for themselves for some years. The importance of this is, of course, that the longer people are encouraged to remain active and take an interest in their own affairs, the happier they will be.
- (3) On the mainland much has been achieved through Health Visitors and Home Helps, but the outlook is not encouraging here. This is because of the annual visitor trade, and it is difficult to see how the service here can be much developed.
- (4) *Unification of Services*

One possible reason why the geriatric problem has developed is the fragmentation of services and responsibility. At present the Housing Authority, the Insurance Authority, the Hospital Board, the Board of Health and

sundry voluntary bodies, are all concerning themselves with geriatric care. This is wasteful, and the chief responsibility and the facilities for providing for old people other than in the matter of pensions, should be under one authority. In fact, a move in the right direction has already taken place in the setting up of a record system in the Public Health Department, which assesses priority of elderly people for admission to institutions, and this has led to a rationalisation of the waiting list so that, in future at any rate, the right type of case should find its way into the most suitable accommodation. Bearing in mind that, in the summer months, this Island can provide accommodation for about 170,000 visitors, there is food for thought in the fact that there is difficulty in caring for a mere hundred or so aged and disabled people.

TABLE III
Census 1951
Ages (individual years)

				<i>Guernsey and Adjacent Islands</i>		
<i>Age last birthday</i>				<i>Persons</i>	<i>Males</i>	<i>Females</i>
65	...	...		403	187	216
66	...	...		399	173	226
67	...	...		382	167	215
68	...	...		364	169	195
69	...	...		365	153	212
70	...	...		350	152	198
71	...	...		358	159	199
72	...	...		312	135	177
73	...	...		297	133	164
74	...	...		267	110	157
75	...	...		273	126	147
76	...	...		224	93	131
77	...	...		217	92	125
78	...	...		192	72	120
79	...	...		154	65	89
80	...	...		149	51	98
81	...	...		135	58	77
82	...	...		127	50	77
83	...	...		99	34	65
84	...	...		80	26	54
85	...	...		63	23	40
86	...	...		60	16	44
87	...	...		67	17	50
88	...	...		37	18	19
89	...	...		32	15	17
90	...	...		24	7	17
91	...	...		8	4	4
92	...	...		10	4	6
93	...	...		3	2	1
94	...	...		4	1	3
95	...	...		6	—	6
96	...	...		1	—	1
97	...	...		2	—	2
98	...	...		1	1	—
99	...	...		1	—	1
100 and over	...	...		—	—	—
Age 65+	...	...		5,466	2,313	3,153

Census 1961
(Preliminary Information)

Ages—(Five year Groups)					Guernsey and Adjacent Islands		
Age last Birthday					Persons	Males	Females
65-69	...	...	...	...	2,194	924	1,270
70-74	...	...	...	...	1,724	689	1,035
75-79	...	...	...	...	1,290	493	797
80-84	...	...	...	...	778	292	486
85-89	...	...	...	...	356	121	235
90-94	...	...	...	...	90	24	66
95 and over	...	...	...	...	15	2	13
Aged 65+					6,447	2,545	3,902

INFECTIOUS DISEASES

King Edward Sanatorium
Patients admitted during 1963

Diseases					Cases	Deaths
Pulmonary Tuberculosis	...	...	...	...	15	3
Tuberculosis of Kidney	...	...	...	...	1	—
Measles and Encephalitis	...	...	...	...	1	—
Measles	...	...	...	...	7	1
Rubella	...	...	...	...	2	—
Erysipelas	...	...	...	...	2	—
Gastroenteritis	...	...	...	...	1	—
Typhoid Fever	...	...	...	...	1	—
Typhoid Carrier	...	...	...	...	1	—
Friedlanders Disease	...	...	...	...	1	—
Gingivitis and Thrush	...	...	...	...	1	—
Chicken Pox	...	...	...	...	1	—
Acute Tracheitis	...	...	...	...	1	—
Geriatric	...	...	...	...	1	2

Admissions to the Sanatorium total thirty-six, one more than in 1962, again a substantial reduction on the figure of fifty-five for 1961.

General

In spite of the severe weather at both ends of the year there seemed to be little increase in respiratory diseases or infectious diseases generally. Procedure followed in 1962 of looking after a ward of elderly ladies continued to work satisfactorily, and seems likely to become a permanent feature.

Tuberculosis

There were fifteen cases treated in the Sanatorium as against nineteen in the previous year, and there were three deaths. This gives an attack rate of .32 per thousand and a death rate of .06 per thousand. These are very satisfactory figures and it is most encouraging to observe that as each year passes our control over

tuberculosis appears to be maintained and increased. It is also pleasing to observe that the emphasis which is now being laid upon out-patient treatment is being justified since the clinics are well attended and patients almost invariably respond to recall. Relapse has been found to be rare if not non-existent. There were 331 attendances during the year. Both in the Sanatorium and in the Out-Patients field we have been following a very conservative policy as regards drug medication, by the adherence always to the standard preparations without recourse to the more exotic antibiotics which cause occasional severe reactions. This policy has also proved valuable inasmuch as only one or two of the total number of people under treatment have manifested any side effects.

As regards Out-Patients, there is, perhaps, one problem which remains to be solved and that is the placing of convalescent patients in some form of light work. Quite apart from economic considerations it is usually better for patients to do some form of work if they can manage it as it is better for their morale and gives them an incentive to further recovery. Unfortunately, this type of work is in limited supply only, and it often happens that a man can be quite fit and willing but unable to find anything to do. This, perhaps, is more of a problem in winter than in summer.

Tuberculin Testing

As usual, tuberculin testing of young persons and adult contacts continued and 1,660 were performed during the year. 722 children were protected against tuberculosis by B.C.G. in 1963.

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Poliomyelitis

It is hoped that in the not too distant future this disease can be eliminated altogether from the Island. No cases occurred in 1962 and none in 1963. Once the degree of immunity is raised to a sufficiently high level throughout the community it will be extremely unlikely that even the arrival in the Island of a carrier of the disease could cause an outbreak. This does not, of course, mean that once having covered our population in this way we can simply give up protecting them against it for a long time, since natural immunity in the population will not be developed as a result of abortive attacks of the infection. If we continue, therefore, to inoculate all children the level of safety will be maintained. During 1963 there were 702 inoculations by Island Doctors and 1,240 by the Public Health Department.

Diphtheria

Again, there were no cases in 1962 or 1963, but much the same principles apply as to poliomyelitis, and constant protection will continue to be necessary until the disease is eradicated from other neighbouring countries. Since legislation for compulsory protection was passed in 1937, both the materials used and the procedure have changed in accordance with modern methods, and the Law is being amended to provide for this. The most important factor here is the gradual stream-lining of inoculation methods by combining protection against more and more diseases simultaneously, thus whooping cough, tetanus, diphtheria and poliomyelitis are now dealt with by a single agent. One could, perhaps, envisage the time in the future when this feature will extend to all those diseases against which protection can be given by vaccination. 772 children were inoculated and 172 re-inoculated against the disease.

Venereal Disease

Once again we have a reminder that these diseases are still with us. Considering the fact that we are a seaport and that promiscuity in general is on the increase, the figures are not too bad, but there is no cause for complacency, and in particular for the popular notion that cure is all that simple and speedy. The tendency for certain antibiotics to lose their potency is well known, and it would be unfortunate if this applied largely to venereal disease.

During the year the old clinic at the Town Hospital was demolished as part of the scheme for the construction of a new nurses' home, and it was carried on in other accommodation in the hospital. Some suggestions have been made that it might be sited elsewhere in the future, but geographically and for many other reasons, its present neighbourhood is quite the best.

TABLE IV

							<i>Male Section</i>		<i>Female Section</i>	
							1962	1963	1962	1963
1.	Number of persons under treatment or surveillance on 1st January:									
	Syphilis	...	...	...	...	...	9	10	2	4
	Gonorrhea	...	...	...	...	...	14	8	5	9
	Non-specific or non-venereal conditions						3	4	1	11
2.	Number of persons previously removed from register who returned for treatment due to re-infection						—	—	—	—
3.	Number of fresh infections during the year:									
	Syphilis contracted locally						1	—	1	1
	Syphilis contracted outside the Island						—	2	—	3
	Gonorrhea contracted locally						7	11	4	9
	Gonorrhea contracted outside the Island						10	17	—	—
3.	Number of fresh infections during the year:									
	Non-specific or non-venereal conditions contracted locally						17	16	1	11
	Non-specific or non-venereal conditions contracted outside the Island						11	4	—	—
4.	Cases discharged:									
	Syphilis						—	1	—	—
	Gonorrhea						23	28	4	9
	Non-specific or non-venereal conditions						27	19	1	11
5.	Number of persons remaining under treatment or observation on 31st December:									
	Syphilis						10	11	2	4
	Gonorrhea						8	8	1	1
	Non-specific or non-venereal conditions						4	5	—	—
6.	Number of attendances						374	418	14	76

Enteritis

Towards the end of the year it became apparent that enteritis was occurring in various parts of the Island a good deal more frequently than seemed justified. Very often the infecting organism was the Sonne dysentery bacillus, though some cases occurred in which no specific infecting agent could be found. Why should this happen in a presumably healthy community? The usual channels of infection of dysentery are:—

- (a) Food supplies
- (b) Water supplies
- (c) Defective drainage
- (d) Lack of cleanliness in personal hygiene.

Accepting that milk and water supplies are safe, and that there was a reasonable standard of food handling and preparation, the offending items would seem to be carelessness in hygiene and defective cesspits.

There is another puzzling aspect of this problem however, and that is that the population, so far at any rate, seems to show little tendency to develop much immunity against these infections. Aided by co-operation from the local Doctors, investigations into this matter continue.

Typhoid

Just at the beginning of the visitor season a case of undoubted typhoid fever was diagnosed in the northern region of the Island. This presented many alarming and interesting features. In the first place, all efforts to trace the source of infection proved negative, and the case remained an isolated one. Suspicion was that the patient must have received his infection from a symptomless carrier. While investigating the case however, a number of disquieting circumstances came to light. For example, it was found that the cesspit supplying the premises where the patient lived had been very infrequently emptied and was unsound. It was also discovered that substantial delays in cesspit emptying were occurring especially at certain times of the year. The matter was discussed with the Administration, and very satisfactory agreement was reached inasmuch as the cleansing service was to be strengthened so that the maximum emptying delay would be forty-eight hours. Moreover, the spotlight became focussed on the whole subject of cesspits, sewerage and sewage treatment, and it was decided to investigate the whole situation.

CANCER

Cancer caused one hundred deaths during 1963. In 1962 the figure was 114. The number of deaths from Cancer of the Lung was 28. The figure for 1962 was also 28. The following table will show the number of deaths occurring in the last 10 years from (a) all forms of Cancer and (b) Cancer of the Lung.

TABLE V

Guernsey

<i>Year</i>				<i>Cancer All Forms</i>	<i>Cancer of Lung</i>
1954	...	...	...	78	9
1955	...	...	...	81	18
1956	...	...	...	68	11
1957	...	...	...	104	19
1958	...	...	...	102	25
1959	...	...	...	97	21
1960	...	...	...	100	16
1961	...	...	...	98	14
1962	...	...	...	114	28
1963	...	...	...	100	28

<i>Year</i>		<i>Cancer All Forms</i>		<i>Cancer of Lung</i>		<i>Cancer of Lung per 1,000 of population</i>	
		<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>
1962	.....	126	114	32	28	.53	0.61
1963	.....	162	100	33	28	.54	0.61

The figures for lung cancer speak for themselves, and must give cause for increasing concern. The generally accepted medical opinion at present is that this disease is most frequent amongst the smokers in “smog districts”. In places like Guernsey the air is clean and risk is less, but it is still formidable. It has been generally agreed here that especial efforts should be directed at encouraging young people not to start smoking, but this is a great deal easier said than done. Reports which are coming in from the mainland are not encouraging. Certain districts have started clinics to assist people to abstain but these have met with only partial success. It becomes obvious that the task of discouraging the habit which causes suffering to many but which has the sanction of social custom for some three hundred years, is a difficult one. All the usual educational channels have been followed during 1963, but it was not possible to maintain them all the time at full intensity. Pencils bearing slogans were sent to the schools, postal franking with slogans, film shows and literature have all been tried, but with results which are difficult to assess.

The impression grows that some more vigorous and positive measures will be needed, and it is learned with interest that the matter is being taken up by the American Medical Association. Knowing the American temperament and their capacity for vigour and forthrightness, some inspiration might be expected from that direction, and contact is being maintained. It might also be expected that the Russians are doing something in the matter, but all enquiries in that direction have so far failed to obtain any information.

It would seem that the first priority should be directed against advertising, particularly that with an appeal to young people, and possibly a firm lead by the Press and publishing trade generally might do some good. On the other hand, vested interests are wealthy and powerful, and the fight will be a long one.

FOOD CONTROL

Once again we have reaped a substantial reward from the general tightening up which we started in 1962 on food handlers and catering establishments, and this in spite of the continued absence of any adequate legislation upon which to work. It seems that many of the caterers need to be shown what standards are acceptable today, and to receive an occasional reminder to adopt them, and the result of this is most gratifying. There was little occasion to prosecute any food sellers for selling unclean food, and little or no disease could be traced to any shop or catering establishment. This, of course, did not apply to intestinal disturbances not caused by food poisoning which receives special attention in this Report.

As in 1962, every catering establishment was inspected at least twice, and the owners supplied with detailed lists of standards required and improvements advised.

HEALTH LEGISLATION

Progress in this field has not been rapid. Proposals for legislation are being considered in relation to Public Health (Vessels and Aircraft), Control of Liquid Eggs and Importation of Oysters. Little headway has been made with the really important Acts, such as the adoption of the Food and Drugs Act, 1955, and the strengthening of our powers in connection with the demolition of unsound premises and the abatement of overcrowding.

It is fortunate that it seems to be a special characteristic of this Island that it is possible to secure co-operation from the public in many health matters, which might elsewhere have to be enforced by legal action, mainly by admonition and advice. This is really very satisfactory but there will always be a hard-core of non-co-operation.

There is one particular sanitary problem which will need firm handling in future, and that is slackness by householders in having their cesspits emptied, in allowing them to overflow, and also to fall into a derelict state. The frequent occurrences of intestinal disease at present is not only a menace as regards dysentery, but it also indicates that the advent of a more lethal intestinal infection to the Island might prove a very serious matter, since its spread might be as rapid and as widespread as dysentery appears to be.

HEALTH EDUCATION

This subject occupies more and more space in current public health literature, and its importance is undeniable. In this respect, however, we find ourselves in the Island in a somewhat difficult position. A very small health authority can maintain quite close contact with its population without any elaborate schemes, almost on a personal basis. A large local authority has enough personnel, and has big enough financial resources to run campaigns for the promotion of health by exhibitions, films, "health weeks" and similar devices. We, unfortunately, fall somewhere between the two.

We have no complaint at the co-operation given by the Press, and reasonable attention appears to be paid to the subject in schools, though there is some room for improvement. Perhaps the solution to the problem is to try to establish a closer degree of personal contact with the population by an increase in the number and activities of Health Visitors. Certainly, some effort must be made since we have perhaps more than our fair share both of apathy and ignorance in matters sanitary and hygienic.

HEALTH VISITING

As mentioned in the general review, re-organisation of the districts of the Health Visitors produced a considerable improvement in the effectiveness of the service, and also underlined the objective which should now be aimed at. This, in effect, is the closer relationship between the Family, the Doctor, the Health Visitor and District Nurse. Obviously, the important factor of closer Health Visitor Family relationship can only be achieved if there are enough Health Visitors. The particular social group in which the Visitors work mainly lies is a very unsophisticated one, and the task of health education amongst them is slow and not always an encouraging one, but progress is being made.

Another field which will have to be developed gradually is the steady widening of the Health Visitor's responsibility, since it has been accepted that she must advise upon domiciliary care of the aged, handicapped children, and the investigation of infectious diseases, rather than have these duties dealt with by separate individuals. In fact, her responsibilities should include everything appertaining to the health and happiness of the household, other than physical nursing.

TABLE VI

Health Visitor Statistics

HOME VISITS:

Total effective visits	...	..	..	...	...	...	...	3,514
Total Non-effective visits	...	..	...	...	...	...	...	487

Certain selected statistics :

Visits:

To infants under 5 years:

First visits	...	...	...	...	...	...	...	531
Revisits	...	...	...	...	...	...	...	1,078

To aged persons: 272

To mentally sick: 23

To infectious households:

Tuberculosis	...	...	...	...	...	...	...	145
Other	...	...	...	...	...	...	...	39

Special Visits: 80

ATTENDANCES AT CLINICS:

Chest	...	...	...	...	...	...	...	56
Vaccinations	...	...	...	...	...	...	...	38
Staff Medicals	...	...	...	...	...	...	...	63
Infant Welfare	...	...	...	...	...	...	...	36

ADMINISTRATIVE SESSIONS: 147

ALDERNEY

Report from Dr. D. C. Bell

Population: 1416

Epidemic Diseases

There were no outbreaks of epidemic diseases in 1963 although the ten cases of parotitis occurring towards the end of the year have since assumed epidemic proportions.

Other infectious diseases were:—

Chickenpox	4, of which 3 were visitors
Measles	3, of which 1 was a visitor
Measles	2, of which 1 was a visitor.
German	

There were no cases of venereal disease.

There was one case of tetanus occurring in a boy of seven. This was the first case during my thirteen years on the island. There was no history of injury of any kind. The boy was flown to the tetanus unit at Southampton within a few hours of being seen and made a complete recovery.

Births: 18 The average annual birth rate since 1951 is 17.

Two Italian women were among the mothers, and one visitor arrived just in time to give birth to a premature baby which did not survive. One baby was born with a double congenital glaucoma, following on the mother contracting rubella during her pregnancy. The baby is still under treatment at Moorfields.

One baby was born to a mother under treatment for myasthenia gravis and and was sent to the London Hospital. One mother was sent to Guernsey where a caesarian operation was performed for a placenta praevia and face presentation. The baby did not survive.

Deaths: 24 In the 11 years up to 1962 the average annual death rate was 13. The increase to 20 in 1962 and 24 in 1963 could be attributed to the severe winter of 1962/3.

The causes of death were:—

Cancer of throat	..	...	...	...	...	2
Cancer of lung	...	...	...	...	...	2
Cancer of mouth	...	...	...	...	...	1
Cancer of stomach	...	...	...	...	...	1
Malignant Hypertension	...	...	...	...	...	1
Cerebral Thrombosis	...	...	...	...	...	1
Cerebral Haemorrhage	...	...	...	...	...	2
Parkinson's Disease	...	...	...	...	...	1
Chronic Bronchitis and Endocarditis	...	...	...	...	...	5
Coronary Thrombosis	...	...	...	...	...	3
Cirrhosis of liver	...	...	...	...	...	1
Senility and Myocardial Degeneration	...	...	...	...	...	2
Premature birth	...	...	...	...	...	1
Drowning	...	...	...	...	...	1

Visits :

Mr. G. Austin, Chief Sanitary Inspector, visited the island in March, June
Summary

Clinics :

Infant Welfare Clinics are held regularly each week at the Mignot Memorial Hospital.

St. Annes School :

Numbers varied from 170 to 183.

Health was good during the year.

Routine weekly medical examinations of pupils were carried out during term time.

Four cases of tonsils and adenoids were sent to Guernsey for treatment and seven cases of defective eyesight were recommended for refraction. Mrs. Edwards the School Ophthalmologist visited the island in March.

The dental situation is still unsatisfactory but will be met when Mr. Griffiths returns to the island.

Alderney Dairy :

Routine methylene blue tests were carried out on milk samples throughout the year.

LABORATORY

Report from Mr. H. A. Wilson—Chief Technologist

21

Previous statistical presentations have been based on the number of tests performed. This method has become increasingly laborious, some 22,000 tests now being performed. For simplification the total number of reports issued will in future be recorded.

Section 1. General Laboratory Tests

The work in this section has again increased, and several technical methods were changed during the year to adopt modern advances. In April the pregnancy diagnostic tests by agglutination were promoted, and several hundred have now been performed, a much higher figure than was anticipated.

Specimens referred to Dorchester totalled 584.

Section 2. Public Health Tests

A marked increase occurred, due mainly to the effects of the Zermatt typhoid catastrophe in Switzerland. Commencing in April, a very large number of immigrants to Guernsey for the catering trade arrived from the Continent, and were screened on arrival, fortunately with negative bacteriological findings. Later in the year, due to serious technical staff depletion, certain routine water and milk checks had to be temporarily suspended—an undesirable but necessary decision lasting two months.

Section 3. Blood Transfusion and Grouping Tests

An overall increase also occurred in this section, a total of 550 pints of blood being requested, with 430 blood donations. The donor sessions are now accommodated in a corridor of the hospital, and although this arrangement is not ideal,

having overcome certain difficulties by experience, the present arrangements have been generally accepted, pending the completion of planned permanent premises for this important part of the general medical services.

Imperial Cancer Research Fund

Policy and technical changes were responsible for the decision to close down the routine laboratory procedures in this Department, which occurred in September. The space allotted to this work has been totally absorbed by our own activities and new equipment.

SUMMARY

In 1962 approximately 7,000 reports were issued. This year they number 9,508. At the present time great difficulty is experienced in obtaining qualified technicians to fill vacancies in the Department. It was decided to employ part-time State Registered Nurses to obtain most of the specimens from patients, thereby allowing the qualified staff more time for technical procedures. This innovation has proved successful and it would be profitable to continue this arrangement. A serious breakdown in the service during a two-month period of acute staff shortage was avoided by this form of assistance. It is, however, expected that by April, 1964 the technical vacancies will be filled.

A review of the past ten years of the laboratory service shows an average increase of 10% each year, but for the past five years, the annual increase has been 15% each year. This rate of increase, if sustained, could mean requests for additional staff during 1965.

THE SANITARY CONDITIONS OF GUERNSEY ALDERNEY AND HERM

Report from Mr. G. Austin, Chief Sanitary Inspector

As this will presumably be (owing to my age limit retirement) my last Annual Report I feel that I should place on record the success which has been achieved during 1963 in the fields of environmental hygiene regarding hotels, restaurants and cafés on the one hand and the permitted use of paper sacks for refuse collection on the other. The Inspectorate have put in a lot of hard work in the aforementioned eating places and their work has not been made easier by the lack of legislation on the lines of the Food and Drugs Act of 1955. It is all very well to say how much can be achieved by advice to the public and co-operation on their part but it can be done far more easily if the required background pressure is available when needed.

Regarding refuse collection; this has been a sore point amongst the community for some years and as I mentioned in my 1962 report, the faults have never been entirely on one side. Householders will now have the option of using paper sacks, and provided that they are used intelligently they should have no cause for complaint. I would, however, point out that these disposable sacks are neither fireproof nor rainproof.

I must also repeat my 1962 remarks concerning hotels, restaurants and other eating places: that a full time inspector could, and should, be employed in this sphere of work.

In conclusion I must say that I have spent thirty-three very interesting years in the Public Health Service and watched its development from a Medical Officer of Health and myself as the whole staff at Lukis House, to its present dimensions. As the eradication of infectious diseases has progressed so has the pattern of work changed, and I am at least very grateful to know that none of the present day Inspectorate will see the distressing cases with which one had to deal in those days. Not the least interesting years were those of the German Occupation when, of course, the character of our work was completely changed.

I also wish to place on record the loyalty and help I have received from my Inspectors and other members of the staff, and with the General Practitioners in the Island.

ALDERNEY

Five visits were paid to Alderney during the year. A number of water samples were taken from prospective building sites. A large scale disinfestation was carried out at Fort Albert which had been used for some time as a poultry farm. Local staff were employed under our supervision.

A long standing nuisance of illegal sewage disposal at Braye Beach has been satisfactorily abated.

Water supplies have occasionally been somewhat curtailed during the visitor season. I have been informed that a new source of supply is envisaged from the Bonne Terre Valley; when this materialises an unrestricted supply of potable water should be obtained.

HERM ISLAND

Water sampling, and the inspection of hotel and café kitchens was carried out. An occasional substandard sample indicated that chlorination should be continuously carried out.

TABLE A

Water Supply, 1964

<i>Bacteriological Examinations</i>	<i>Number of Samples</i>		
	Total	Satisfactory	Unsatisfactory
Samples from main supplies including Scout/Guide Camps, Swimming Pools and Schools	420	420	Nil
<i>Other Sources</i>			
Wells	104	87	17
From uncertain sources, including			
Fountains	9	6	3
Public Pumps	16	15	1
Rainwater	4	3	1
Supply Tanks	2	2	Nil
Herm	34	27	7
Jethou	4	4	Nil
Sark	18	12	6
Alderney	9	3	6
	620	579	41

<i>Chemical Examination</i>			
Streams and quarries for Chemical Analysis—Sark	1		1
Wells—Guernsey 1, Sark 5	6	6	Nil
In addition to the fresh water supplies eleven samples of sea water were taken	11	11	Nil

TABLE B

Inspection of Food Storage and Preparation Premises

	<i>No. of Visits</i>	
Wholesale food stores	108
Retail shops (for condemnation only)	34
Retail shops—routine visits	140
Restaurants, cafés and tea rooms	175
Bakehouses	65
Proposed new butchers' shops subsequently licensed	...	2
Butchers' shops outside the Markets	6
Fish and chip shops	41

TABLE C

Inspections of Hotels and Guest Houses

	No. of Visits
Hotels and Guest Houses with Tourist Inspector	177
Hotels and Guest Houses Board of Health Inspectors only—routine visits	130
Hotels and Guest Houses with Building Inspectors	56

TABLE D

Food samples analysed during the year

White Bread	...	...	...	..	...	4
Salted peanuts	...	...	...	...	...	1
Meat pies	...	...	...	...	...	1
Whole milk	...	...	...	...	...	2
Still lemon	...	...	...	...	...	1
Canned prunes	...	...	...	...	...	1
Fruit loaf	1
Vegetable marrow	1
Raisins	1

Other analysis

Waters for Phenols	7
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TABLE E

Food examined and condemned as Unfit for Human Consumption

Fish and Fowl :

Chicken croquettes—24
Chicken whole—41 lbs.
Crab—15 tins.
Herrings—19 tins.
Pilchards—24 tins.
Salmon—26 tins.
Sardines—16 tins.
Shrimps—8 jars.
Tuna Fish—13 tins.

Fruit and Fruit Juices :

Apple Sauce—3 tins.
Apricots, (fresh)—14 trays.
Apricots (tinned)—53 tins.
Blackberries—17 tins.
Cherries—8 tins.
Fruit Cocktail—3 tins.
Fruit Fresh—2 cases.
Fruit Salad—84 tins.
Fruit Quosh—416 bottles.

Fruit and Fruit Juices—continued

Grapefruit—31 tins.
Grapefruit juice—6 tins.
Melon—2 tins.
Oranges—27 tins.
Oranges, juice—32 tins.
Pears, fresh—5 cases.
Pears, tinned—45 tins.
Pineapple, fresh—2.
Pineapple, tinned—77 tins.
Pineapple, juice—2 tins.
Peaches—86 tins.
Plums—14 tins.
Prunes—27 tins.
Raspberries—1 tin.
Rhubarb—8 tins.
Rhubarb (puddings)—3.
Strawberries—24 tins.
Sultanas—8 lbs.
Tomatoes—403 tins.
Tomatoes, juice—7 tins.

Jams and Marmalades :

Apple and Blackberry—2 jars.
Apricot—1 jar.
Orange Marmalade—1 jar.
Peach—2 tins.
Raspberry—1 tin.
Strawberry—1 jar.

Meats :

Bacon—408 lbs. 8 ozs.
Bath chaps—4 lbs. 2 ozs.
Beef—1 tin.
Beef, Corned—82 tins.
Beef, Loaf—8 tins.
Beef, Minced—6 tins.
Casserole meat—1 tin.
Fores, cooked—5 tins.
Gammon Ham—155 tins.
Gammon Ham—27½ lbs.
Ham and Beef Roll—1 tin.
Ham, Chopped—16½ lbs.
Ham, Pressed—21 lbs.
Hamburgers—3 tins.
Pork, Brawn—29 lbs.
Pork, Chopped—295½ lbs.
Pork, Chopped—7 tins.
Pork, in juice—2 lbs. 4 ozs.
Pork, Leg—17 lbs.
Pork, Loin—44 lbs.
Pork, Luncheon Meat—28 tins.
Pork, Minced—4 lbs.
Pork Minced—3 tins.
Pork, Picnic—265 lbs.
Pork, Shoulder—14 ozs.

Pork Pies—6.
Sausages—699½ lbs.
Steak—42 tins.
Steak and Kidney—53 tins.
Steak and Kidney Pies—22
Tongue—22 tins.
Veal, jellied—6 lbs.
Ham and Tongue—40 lbs.
Pork Roll—8 lbs.

Tinned Meat with Vegetables :

Bacon with Baked Beans—6 tins.
Beef and vegetables—1 tin.
Beef Stew—1 tin.
Hamburgers with Baked Beans—1 tin.
Irish Stew—8 tins.
Mixed Grill—3 tins.

Vegetables :

Beans, Baked—151 tins.
Beans, Broad—20 tins.
Beans, Butter—11 tins.
Beans, Curried—2 tins.
Beans, French—8 tins.
Beans, Green—89 tins.
Beetroot—13 jars.
Brussel Sprouts—14 nets.
Carrots—45 tins.
Onions—1 jar.
Peas—221 tins.
Potatoes—20 lbs.
Potatoes, Salad—2 tins.
Sauerkraut—3 tins.
Spinach—1 tin.
Vegetables, mixed—6 tins.
Vegetables, salad—2 tins.

Other :

Biscuits—37 cartons.
Bread, cut—20 loaves.
Butter—358½ lbs.
Cake—9 cartons.
Caviar—5 lbs.
Cereal, creamed—61 tins.
Cheese—219 packets.
Cheese—141 lbs.
Cheese—3 ozs.
Cheese—72 bottles.
Coffee—1 jar.
Cream—40 tins.
Ground Almonds—4 lbs.
Jelly—1.
Lard—12 lbs.
Lancashire }
Rarebit } 1 jar.
Macaroni—1 pkt.

<i>Other—continued</i>		Ravioli	} 2 tins.
Margarine—29 lbs.		Bolognese	
Milk—169 tins.		Rice Crispies—1 pkt.	
Milo—1 tin.		Sauce—1 bottle.	
Nescafe—2 tins.		Savoury Roll—4 lbs.	
Pate de Foie—9 tins.		Soups—97 tins.	
Pickle—1 jar.		Spaghetti—12 tins.	
Pie Filling—3 lbs.		Spaghetti Bolognese—5 tins.	
Pies, individual—112.		Sweet Corn—2 cases.	
Princess	} 1.	Syrup, golden—1 tin.	
Sandwich			

TABLE F

Farms and Dairy Inspections

Interviews with farmers re unsatisfactory milk results	...	...	43
Inspection of new retailers equipment and shop depots	...	...	24
Farms visited for check samples and unsatisfactory conditions	...		33
Cases of suspected mastitis found and reported	...	...	1
Visits to States Dairy	...	...	92

Milk and Cream Samples taken for Analysis

Formal samples	...	...	...	...	...	...	...	1
Samples for Phosphatase test	...	...	...	...	...	...	...	39
Samples for Mastitis investigation	...	...	...	...	...	...	...	10
Cream (Alderney)	...	...	...	...	...	...	...	1

27

TABLE G

Ice Cream

Number of Samples taken :

	Imported	...	...	...	...	75
	Local manufacture	...	...	...		15
<i>Results</i>	<i>Imported</i>			<i>Local</i>		
Grade 1	71%			80%		
2	24%			13%		
3	2.5%			7%		
4	2.5%			Nil		

Housing Inspections

Request housing inspections from States Housing Authority	...	54
Requests from other sources	...	214
Inspections for sanitary defects and drainage	...	313
Re-inspection of work in progress or completed	...	217
House drains tested	...	106

Work carried out by verbal agreement

Exterior repair to dwellings	...	...	...	...	...	...	27
Interior repair to dwellings	...	...	...	...	...	...	38
Sanitary defects made good	...	...	...	...	...	...	68
Roof defects repaired	...	...	...	...	...	...	19
New gutters and rainwater pipes provided	...	...	...	...	...	...	15
New W.C.'s provided	...	...	...	...	...	...	5
New cesspits	...	...	...	...	...	...	4
Drainage systems exposed, examined and repaired	...	...	...	...	...	...	32
Unofficial refuse dumps cleaned or covered	...	...	...	...	...	...	11
Nuisances investigated and abated	...	...	...	...	...	...	104

Other Inspections

Camp sites	...	...	...	...	...	...	...	39
Schools	...	...	...	...	...	...	...	22
Workplaces and workshops	...	...	...	...	...	...	...	20
Visits to controlled refuse tips	...	...	...	...	...	...	...	48
„ to uncontrolled refuse tips	...	...	...	...	...	...	...	27
„ with Health Visitors	...	...	...	...	...	...	...	32
„ with Building Inspectors (Other than Hotels and Guest Houses)	...	...	...	...	...	...	...	113
„ to Public Conveniences	...	...	...	...	...	...	...	73
„ to Bays	...	...	...	...	...	...	...	23
Septic tanks examined	...	...	...	...	...	...	...	19
Test holes made for proposed septic tanks	...	...	...	...	...	...	...	4
Visits to Markets	...	...	...	...	...	...	...	108
„ to existing and/or proposed Social Clubs	...	...	...	...	...	...	...	4
„ with Medical Officer of Health	...	...	...	...	...	...	...	12
„ to ships for notifiable infectious disease (VD only)	...	...	...	...	...	...	...	15
„ to ships for exemption from Deratization Certificates	...	...	...	...	...	...	...	11
„ to Factories	...	...	...	...	...	...	...	8
„ to Bathing Pools	...	...	...	...	...	...	...	28
„ with Markets Superintendent	...	...	...	...	...	...	...	10
„ with Architects to various properties	...	...	...	...	...	...	...	16
Miscellaneous visits	...	...	...	...	...	...	...	197
Ineffectual visits	...	...	...	...	...	...	...	76
Geriatric visits	...	...	...	...	...	...	...	9
Interviews and requests for advice	...	...	...	...	...	...	...	216
Nuisances investigated and abated	...	...	...	...	...	...	...	466

Rat Destruction

Number of visits made	...	...	...	...	...	...	2,421
New infestations reported	...	...	...	...	...	...	93
Number of properties gassed	...	...	...	...	...	...	35

My remarks on this subject are similar to those of last year with, possibly, the exception of the very cold weather causing rodents to move to winter quarters earlier than usual. The large vineries, particularly when growing mixed crops, have again been subjected to considerable damage and of all varieties of bulb and corm flowers attacked, freesias always seem to hold pride of place with tulips as a close second.

Of rooted flowers, carnations are very subject to attack. As I mentioned last year, it has not been possible to carry out any pre-baiting as this is a sheer impossibility for one Rodent Officer.

Fewer wasps nests than usual have been reported, this due to the inclement weather. Forty-two only have been destroyed.

In addition, thirty-one properties were visited by our Inspectors after having been reported as likely harbourages of rats, by the Rodent Operator.

DISINFECTIONS

Articles of clothing and bedding from the following places were steam disinfected at the King Edward Sanatorium disinfecting plant.

From—Princess Elizabeth Hospital	...	...	...	...	...	553
King Edward Sanatorium	...	...	...	...	...	24
St. John Ambulance Brigade	...	...	...	...	...	64
Maternity Hospital	...	...	...	...	...	2
Special Treatment Clinic	...	...	...	...	...	2
Private houses	...	...	...	...	...	68
						<hr/> 713 <hr/>

Premises Disinfected

Princess Elizabeth Hospital (Wards)	...	...	...	...	10
Castel Hospital (Wards)	...	...	...	...	1
Private Houses	...	...	...	...	22
Houses owned by States Housing Authority	16
Restaurants	2
St. Peter Port Hospital (Wards)	2
Schools	1

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MEMBERS OF STAFF

30

<i>Public Health Department</i>		<i>Date of commencement of service with States</i>
THOMAS, Dr. A. T. G.	M.D., B.S., D.P.H. Medical Officer of Health	15.6. 61
WHITE, Dr. C. G., M.B.E.	M.A., B.M., B.Ch., D.P.H., D.I.H. Assistant Medical Officer of Health	15.11.62
ALLISETT, Mr. R. F.	Administrative Assistant to Medical Officer of Health.	28.10.46
AUSTIN, Mr. G.	F.I.T.V., M.R.S.H., M.P.H.I.A. Chief Sanitary Inspector	4. 8.31
EDWARDS, Mr. S. R.	Senior Assistant Sanitary Inspector	15. 1.46
LE TOCQ, Mr. S. A.	Assistant Sanitary Inspector	15. 1.46
GALLIOTT, Mr. A. T.	Assistant Sanitary Inspector	1. 6.49
REID, Mr. W. P.	Rodent Operator	1. 1.41
PREVOT, Mrs. M. D.	S.R.N., R.F.N., S.C.M., H.V.Cert., School Nurse/Health Visitor	1.10.52
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SANGAN, Mrs. M.	S.R.N., S.C.M., H.V.Cert. School Nurse/Health Visitor	1. 3.59
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MARSH, Mrs. R. A.		18. 4.63
TORODE, Miss C. M. A.		29. 7.62
GALLIENNE, Miss M. E.		20. 8.62
BLAMPIED, Miss C.		9. 4.63

APPENDIX I

Population by Age-groups, 1931 -- 1951

	1931		1951		Percentage increase or decrease (-) 1931-1951		Percentage increase or decrease (-) 1931-1951		Percentage distribution of population							
	Persons	Males	Females	Persons	Males	Females	Persons	Males	F'mls.	England & Wales	Guernsey and Adjacent Islands	England and Wales				
Age last birth-day	Guernsey & Adjacent Islands															
0-4	3,617	1,793	1,824	4,187	2,116	2,071	15.8	18.0	13.5	24.3	26.1	22.6	8.5	9.2	7.5	8.5
5-9	3,633	1,860	1,773	2,980	1,507	1,473	-18.0	-19.0	-16.9	- 4.8	- 3.7	- 6.0	8.5	6.6	8.3	7.2
10-14	3,343	1,704	1,639	3,318	1,723	1,595	- 0.7	1.1	- 2.7	-12.3	-11.8	-12.8	7.8	7.3	8.0	6.5
15-24	6,959	3,465	3,494	6,039	2,943	3,096	-13.2	-15.1	-11.4	-18.7	-19.0	-18.5	16.3	13.3	17.3	12.9
25-34	6,387	3,080	3,307	6,332	3,164	3,168	- 0.9	2.7	- 4.2	- 0.8	2.5	- 3.9	14.9	13.9	16.1	14.5
35-44	5,549	2,565	2,984	6,653	3,391	3,262	19.9	32.2	9.3	22.3	31.0	15.0	13.0	14.6	13.7	15.3
45-54	5,081	2,432	2,649	5,864	2,853	3,011	15.4	17.3	13.7	21.5	24.8	18.6	11.9	12.9	12.4	13.7
55-64	4,063	1,959	2,104	4,657	2,081	2,576	14.6	6.2	22.4	22.6	14.9	29.5	9.5	10.2	9.3	10.4
65+	4,111	1,817	2,294	5,466	2,313	3,153	33.0	27.3	37.4	62.8	54.9	68.8	9.6	12.0	7.4	11.0
All Ages	42,743	20,675	22,068	45,496	22,091	23,405	6.4	6.8	6.1	9.5	9.8	9.2	100.0	100.0	100.0	100.0

APPENDIX II
SELECTED GUERNSEY HEALTH STATISTICS

Year	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Infant Mortality Rate per 1,000 Live Births	40.1	33.3	19.5	25.1	29.5	14.2	32.6	31.6	13.1	26.9	19.9	33.0	22.3	19.7	14.3	21.1	17.6	28.5
Neo-Natal Deaths Rate per 1,000 Live Births	--	--	12.5	17.6	22.6	9.0	20.3	19.4	8.7	16.5	14.2	16.5	18.1	14.1	13.0	17.1	11.3	24.9
Still Births Rate per 1,000 Live Births	21.7	18.9	24.2	23.9	20.1	14.2	21.7	20.6	13.1	8.9	24.2	18.0	22.3	19.7	22.1	23.8	17.6	15.44
Pulmonary T.B. Rate per 1,000 ..	0.45	0.54	0.79	0.61	0.42	0.27	0.21	0.18	0.11	0.14	0.19	0.12	0.04	0.15	0.11	0.07	0.04	0.06

APPENDIX III

DEATHS BY AGE GROUPS AND CAUSES — 1963

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	GROUP I																			
	<i>Infective and Parasitic Diseases :</i>																			
002	Pulmonary tuberculosis	—	—	—	—	—	—	—	—	—	—	2	—	2	2	—	—	4	2	6
016	Tuberculosis of Genito-Urinary System	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	GROUP II																			
	<i>Cancer and other Tumors :</i>																			
141	Tongue	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
150	Oesophagus	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	—	2	1	3
151	Stomach	—	—	—	—	—	—	—	—	—	—	2	1	5	3	2	3	9	7	16
153	Large Intestine	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	4	—	4
154	Rectum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	1	2	3
155	Biliary passages and liver	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	3	4
157	Pancreas	—	—	—	—	—	—	—	1	—	—	2	—	—	2	—	—	2	3	5
161	Larynx	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
162	Bronchus, trachea and lung	—	—	—	—	—	—	—	—	1	—	13	—	9	1	4	—	27	1	28
170	Breast	—	—	—	—	—	—	—	—	—	1	—	3	—	2	—	—	—	8	8
171	Cervix uteri	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	1
175	Ovary, fallopian tube and broad ligament	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	2
177	Prostate	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	3	—	3
178	Testis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
181	Bladder	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	2	—	2
195	Other Endocrine glands	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
196	Bone (facial)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	2
	Carried forward	—	—	—	—	—	—	—	1	2	1	26	8	20	11	11	12	59	33	92

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total all Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward</i>	—	—	—	—	—	—	—	1	2	1	26	8	20	11	11	12	59	33	92
199	Other and unspecified sites	—	—	—	—	—	—	—	—	—	—	1	2	1	4	2	1	4	7	11
201	Hodgkin's Disease	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
204	Leukaemia	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	1	2	3
237	Brain (Benign)	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
	<i>GROUP III</i> <i>Allergic, Endocrine system,</i> <i>Metabolic, & Nutritional Diseases</i>																			
241	Asthma	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	2	1	3
253	Myxoedema and cretinism	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
260	Diabetes mellitus	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	2	1	4	5
	<i>GROUP IV</i> <i>Diseases of the blood and blood-forming</i> <i>organs.</i>																			
292	Other anaemias of specified type	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
293	Anaemia of unspecified type	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
	<i>GROUP V</i> <i>Mental, psychoneurotic, and personality</i> <i>disorders</i>																			
304	Senile psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2
325	Mental deficiency	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
	<i>Carried forward</i>	—	—	—	—	—	1	—	1	4	2	27	12	23	20	15	17	69	53	122

Intern List No.	Cause of Death		0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward</i>		—	—	—	—	—	I	—	I	4	2	27	12	23	20	15	17	69	53	122
	GROUP VI <i>Diseases of the nervous system and sense organs</i>																				
330	Subarachnoid haemorrhage	. . . . .	—	—	—	—	—	—	—	—	—	—	I	I	—	I	—	—	I	2	3
331	Cerebral haemorrhage	. . . . .	—	—	—	—	—	—	—	I	—	—	4	2	4	3	10	8	19	13	32
332	Cerebral embolism and thrombosis	. . . . .	—	—	—	—	—	—	—	—	—	—	I	I	6	9	8	15	15	25	40
334	Other and ill-defined vascular lesions affecting central ne.vous system	. . . . .	—	—	—	—	—	—	—	—	—	—	—	I	I	—	I	3	2	4	6
350	Paralysis agitans	. . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	I	—	I	—	I
352	Other cerebral paralysis	. . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	I	—	I	—	I
356	Motor neurone disease and muscular atrophy	. . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	I	I	I	I	2
	GROUP VII <i>Diseases of the circulatory system</i>																				
420	Arteriosclerotic heart disease including coronary disease	. . . . .	—	—	—	—	—	—	—	—	I	—	21	5	18	9	21	20	61	34	95
421	Chronic endocarditis not specified as rheumatic	. . . . .	—	—	—	—	—	—	—	—	—	—	—	2	2	—	I	I	3	3	6
422	Other Myocardial dcgeneration	. . . . .	—	—	—	—	—	—	—	—	—	—	2	—	I	2	7	9	10	11	21
433	Functional disease of heart	. . . . .	—	—	—	—	—	—	—	—	—	—	2	—	—	—	I	—	3	—	3
434	Other and unspecified diseases of heart	. . . . .	—	—	—	—	—	—	—	—	—	—	5	2	5	—	11	3	21	5	26
443	Other and unspecified hypertensive heart disease	. . . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	I	—	I	—	I
444	Essential benign hypertension	. . . . .	—	—	—	—	—	—	—	—	—	—	2	I	I	—	—	5	3	6	9
450	General arteriosclerosis	. . . . .	—	—	—	—	—	—	—	—	—	—	—	—	I	—	7	4	8	4	12
	<i>Carried forward</i>		—	—	—	—	I	—	I	—	6	2	65	27	62	44	86	86	219	161	380

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward</i>	—	—	—	—	—	1	—	1	6	2	65	27	62	44	86	86	219	161	380
451	Aortic aneurysm, non-syphilitic, and dissecting aneurysm	—	—	—	—	—	—	—	—	—	—	1	2	—	—	1	—	2	2	4
453	Peripheral vascular disease	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
465	Pulmonary embolism and infarction . .	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	2	1	4	5
	<i>GROUP VIII</i>																			
	<i>Diseases of the respiratory system :</i>																			
490	Lobar pneumonia	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	3	—	3
491	Bronchopneumonia	1	—	—	—	1	—	—	—	—	—	2	—	—	1	3	7	7	8	15
492	Primary atypical pneumonia	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
493	Pneumonia, other and unspecified . .	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	2	3	5
500	Acute bronchitis	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
501	Bronchitis, unqualified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
502	Chronic Bronchitis	—	—	—	—	—	—	—	—	—	—	1	—	4	1	4	—	9	1	10
522	Pulmonary congestion and hypostasis . .	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	3	—	3
526	Bronchiectasis	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
527	Other diseases of lung and pleural cavity	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	2
	<i>GROUP IX</i>																			
	<i>Diseases of the digestive system</i>																			
539	Diseases of oesophagus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
540	Ulcer of Stomach	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	2
541	Ulcer of duodenum	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
542	Gastrojejunal ulcer	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
545	Other diseases of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
572	Chronic enteritis and ulcerative colitis . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
	<i>Carried forward</i>	2	—	2	—	1	1	—	1	6	2	76	31	68	48	101	100	256	183	439

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total all Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward</i>	2	—	2	—	1	1	1	—	6	2	76	31	68	48	101	100	256	183	439
581	Cirrhosis of liver	—	—	—	—	—	—	1	—	—	—	3	1	—	—	—	—	4	1	5
584	Cholelithiasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
	GROUP X																			
	<i>Diseases of the Genito-Urinary system</i>																			
593	Nephritis not specified as acute or chronic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
600	Infections of kidney	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2
610	Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	GROUP XIV																			
	<i>Congenital malformations</i>																			
751	Spina bifida and meningocele	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
752	Congenital hydrocephalus	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
756	Congenital malformations of digestive system	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	2
	GROUP XV																			
	<i>Certain diseases of early infancy</i>																			
767	Umbilical sepsis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
773	Ill-defined diseases peculiar to early infancy	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	2	5
774	Immaturity with mention of any other subsidiary condition	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
776	Immaturity unqualified	8	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	2	10
	<i>Carried forward</i>	17	7	2	—	1	1	1	2	6	2	79	32	69	48	103	102	278	194	472

Intern List No.	Cause of Death	0-1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total all Ages		Grand Total
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	Brought forward	17	7	2	—	1	1	1	2	6	2	79	32	69	48	103	102	278	194	472
	GROUP XVI																			
	<i>Symptoms, Senility and ill-defined conditions</i>																			
782	Symptoms referable to cardiovascular and lymphatic system	—	—	—	—	—	—	—	—	—	—	1	4	—	—	—	1	1	5	6
784	Symptoms referable to upper gastro-intestinal tract	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
786	Symptoms referable to genito-urinary system	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
792	Uraemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
794	Senility without mention of Psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2
795	Ill-defined and unknown causes of morbidity and mortality	—	—	—	—	—	—	—	—	—	—	1	—	—	—	14	23	16	23	39
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
	GROUP NXVII																			
	<i>Alternative classification of Accidents, Poisonings, & Violence (Nature of Injury)</i>																			
N801	Fracture of Base of skull	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
N803	Other and unqualified skull fractures	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	2	1	3
N805	Fracture and fracture dislocation of vertebral column without mention of spinal cord lesion	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
N820	Fracture of neck of femur	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	2
N821	Fracture of other and unspecified parts of femur	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
N852	Concussion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
N853	Cerebral laceration and contusion	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2
N864	Injury to liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
N933	Foreign body in pharynx & larynx	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	1	1
N949	Burn involving other and unspecified parts	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2
N968	Poisoning by carbon monoxide	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1	—	2
N971	Poisoning by barbituric acid and derivatives	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
N990	Drowning and non-fatal submersion	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
		17	7	2	1	3	1	3	3	9	2	82	38	74	49	121	129	311	231	542

Causes of Infant Deaths—Under one month

							M	F	Total
756							1	—	1
751							—	1	1
752							—	1	1
761							1	—	1
773							3	2	5
774							1	1	2
776							8	2	10
							14	7	21

Causes of Infant Deaths—From One month to One year

							M	F	Total
491							1	—	1
493							1	—	1
751							1	—	1
							3	—	3

APPENDIX IV

VITAL STATISTICS—COMPARISON, GUERNSEY/UNITED KINGDOM

Infant Mortality Rate	England and Wales Guernsey	1962	1963
		22 18	21* 28
Neo-Natal Death Rate	England and Wales Guernsey	15 11	+ 28
Maternal Mortality	England and Wales Guernsey	.4 —	+ —
Tuberculosis (Respiratory)	England and Wales Guernsey	.06 .04	+ .12
Bronchitis	England and Wales Guernsey	.1	.3
Cancer All Forms	England and Wales Guernsey	2.1 2.5	+ 2.2
Cancer of Lung	England and Wales Guernsey	.5 .6	+ .6

* Provisional figure.
+ Provisional figures available April, 1964.

APPENDIX V
SUICIDE MORTALITY RATES PER 100,000 PER ANNUM BY AGE GROUPS
GUERNSEY 1952-61

Age	Guernsey-born		U.K.-born		Born elsewhere		Total		England and Wales 1957	
	Number of Deaths	Rate per 100,000 p.a.	Number of Deaths	Rate per 100,000 p.a.	Number of Deaths	Rate per 100,000 p.a.	Number of Deaths	Rate per 100,000 p.a.	Number of Deaths	Rate per 100,000 p.a.
0-34	—	—	2	12.1	—	—	2	1.8	405	3.7
35-44	3	14.6	1	15.0	—	—	4	13.9	421	13.5
45-49	5	46.1	1	29.7	1	101.0	7	46.1	315	19.4
50-54	—	—	1	28.6	—	—	1	6.4	367	24.1
55-59	3	30.0	2	63.1	—	—	5	36.1	428	33.7
60-64	3	38.6	—	—	—	—	3	26.7	350	35.4
65-69	3	47.6	1	50.5	1	161.3	5	56.2	316	39.6
70+	4	35.8	2	58.0	—	—	6	37.7	568	44.6
Total	21	12.5	10	24.1	2	18.2	33	15.0	3,170	14.6
Total age standardised to population of Eng- land and Wales		13.0		21.6		13.5		14.5		
WOMEN										
0-34	1	1.2	—	—	1	25.6	2	1.8	202	1.9
35-44	—	—	1	12.5	—	—	1	3.4	257	8.0
45-49	2	17.3	1	26.7	1	107.5	4	24.7	196	11.8
50-54	1	9.3	1	27.5	—	—	2	13.1	279	17.4
55-59	2	18.1	1	27.7	—	—	3	19.5	308	21.1
60-64	—	—	—	—	—	—	—	—	280	21.8
65-69	1	11.4	—	—	—	—	1	8.2	257	23.2
70+	1	5.6	—	—	1	36.2	2	7.8	366	17.5
Total	8	4.6	4	8.3	3	23.7	15	6.3	2,145	9.2
Total age standardised to population of Eng- land and Wales		4.6		7.3		22.9		6.3		

APPENDIX V—Continued
SUICIDE MORTALITY RATES PER 100,000 PER ANNUM BY AGE GROUPS
JERSEY 1953-62

Age	Jersey-born		U.K.-born		Born elsewhere		Total		England and Wales 1957	
	Number of Deaths	Rate per 100,000 p.a.	Number of Deaths	Rate per 100,000 p.a.	Number of Deaths	Rate per 100,000 p.a.	Number of Deaths	Rate per 100,000 p.a.	Number of Deaths	Rate per 100,000 p.a.
MEN										
0-34	6	6.3	2	7.6	2	16.3	10	7.5	405	3.7
35-44	3	14.7	6	57.1	2	34.5	11	30.0	421	13.5
45-49	5	46.6	2	30.7	1	37.2	8	40.1	315	19.4
50-54	6	56.9	3	41.4	—	—	9	43.9	367	24.1
55-59	9	92.2	4	73.0	3	128.2	16	91.0	428	33.7
60-64	5	57.3	2	43.4	2	130.7	9	60.6	350	35.4
65-69	4	62.1	4	107.2	—	—	8	70.1	316	39.6
70+	9	80.4	2	38.1	2	99.5	13	70.4	568	44.6
Total 47		27.2	25	35.8	12	39.2	84	30.8	3,170	14.6
Total age standardised to resident population of England and Wales		27.9		29.8		35.5		29.1		
WOMEN										
0-34	4	4.3	1	3.6	1	7.6	6	4.5	202	1.9
35-44	6	28.9	—	—	2	37.7	8	20.8	257	8.0
45-49	4	34.8	2	29.5	1	33.2	7	32.9	196	11.8
50-54	2	17.9	1	13.9	—	—	3	14.0	279	17.4
55-59	3	28.4	5	86.7	—	—	8	42.3	308	21.1
60-64	1	9.6	4	76.6	2	88.1	7	39.2	280	21.8
65-69	1	11.2	2	52.4	—	—	3	20.1	257	23.2
70+	2	9.9	2	26.4	1	19.4	5	15.2	366	17.5
Total 23		12.3	17	22.2	7	19.1	47	15.7	2,145	9.2
Total age standardised to resident population of England and Wales		13.5		19.3		17.8		15.5		

APPENDIX VI

PUBLIC HEALTH DEPARTMENT

Cost of Operation

Laboratory

Analysis	...	...	...	...	...	£533	8	8
Cleaning and Sundries	317	7	4
Medical Supplies and Equipment	911	17	1
						<hr/> £1,762 13 1 <hr/>		

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Public Health

Drugs, Vaccines, etc.	£1,505	3	1
Salaries	21,487	9	1
Travelling Expenses	1,331	11	10
V.D. Clinic	...	...	...	...	...	494	15	7
Other Expenses	...	...	...	...	...	1,366	2	6
						<hr/> £26,185 2 1 <hr/>		

APPENDIX VII

REPORT TO GUERNSEY EDUCATION COUNCIL
ON
SCHOOL MEDICAL SERVICES

Introduction

It is pleasant to report that 1963 again reflected substantial progress in raising the standard of the service and consequently the level of health and fitness amongst the school child population to a level acceptable by modern standards. In particular, the reorganization of the School Nurses has shown very good results. These four ladies of course, divide their time between health visiting and school medical work, and it is significant that it has been found necessary for them to devote more than half of their time to the latter activity. Even then the ground is not being as fully covered as might have been wished.

Reference will be found in the Report to the Board of Health to the question of increasing their establishment, and there is a very good case for this in the School Medical Service also. A fact which should be the yardstick used as a guide is that the ratio of Health Visitor/School Nurse generally accepted as proper on the mainland, is one to five or six thousand of the population. This fact applied here would mean nine persons as against four. In effect, as matters stand at present, the Board of Health work is theoretically being carried out by two full-time ladies and the school work in the same way.

In the Report that follows environmental factors operating in the Island will be discussed in detail as in last year's Report, but mention should be made of one particular event which characterised the early months of the year, and that was the impact of the very severe weather. This brought about very awkward conditions at some schools and posed some difficult sanitary problems. It would, it is suggested, be wrong thinking to dismiss this by assuming that such weather might not occur again for a long time. Rather it should be a stimulus to press forward with a steady improvement of sanitary conditions in schools.

One of the health problems in Guernsey is the occurrence from time to time of intestinal disease, and facilities for personal cleanliness in schools must be regarded as one of the safeguards against infection. In fact, efforts are being made to trace some of these routes. Well water, rats, infected food, all come under suspicion, but an investigation of this kind is not an easy one. Let it be accepted, that whether the source can be definitely proved or not, personal hygiene should be taught in schools and encouraged, and manifestly this is not possible unless the facilities exist.

Health Education in Schools

This still remains a most desirable project, but it cannot be said that progress has been entirely satisfactory. It will be recalled that in last year's Report it was suggested that it would be a good idea to introduce more system into the education of children in all aspects of healthy living, with the objective of seeing they leave school and enter society better equipped for home-making and parenthood. When the matter was discussed early in the year with H.M. Inspector of Schools, he politely suggested that it was somewhat anomalous to lay insistence upon personal hygiene in schools which do not possess adequate facilities, and the force of this argument is undeniable. This is not a happy position and points to the urgency of a steadily progressive scheme for sanitary improvement. This need not be, perhaps, so for-

midable as it appears since much might be achieved by improving and weather-proofing existing conveniences, and connecting them to the main buildings by covered ways. The main need is for wash-basins, and these are items which are by far the most deficient numerically. Hot water is also of course required.

Another factor in this problem is that the Health Visitor/School Nurses are not even able to cope adequately with routine work in the time at present at their disposal. This means that they have no time at all for undertaking any kind of health training.

It has already been stressed that Health Education takes on greater urgency in view of the present tendency to early marriage, and the fact that many homes from which the children come are not very sanitary—or health—conscious.

On the credit side, an excellent Health Education Exhibition was staged at the Grammar School for Boys' in early summer, and some of the exhibits reflect great credit on the ingenuity of the creators. It is hoped that this could be an annual event, featuring some special branch of health training on each occasion.

Smoking

This subject occupied a prominent place in the Exhibition, and no doubt yielded some results for a while after it, but how long such influences persist is very difficult to assess. The extent of the problem is well illustrated by observations made in England on follow-up enquiries into the behaviour of people who attended clinics to be trained to discontinue the habit. Permanent abstention resulted in perhaps a third of the people who tried it, but "permanent" is a relative word, and one of the curious characteristics of the habit is that people can give it up for as long as six months and then suddenly relapse. Experience in schools in 1961 on the mainland was even more discouraging, and several vigorous campaigns, using every propoganda method, appeared to have no effect at all. This problem goes very deeply.

It is characteristic of young people to be very intolerant of advice from older people, particularly when it conflicts with the impulses and desires of the former. Indeed one of the most disheartening characteristics of the human race which stand out in history is its inability to learn by experience. Possibly, but only possibly, some progress might be made by a change of fashion to which young folk are notoriously susceptible. It must not be assumed that the obtuseness of the young is manifested only in its refusal to accept advice about smoking as will be seen further in this Report.

Defects of Feet and Footwear

In a district in Northamptonshire the feet of fifty-two girls aged 15 years, were subjected to expert examination. Forty-one had defective feet, mostly hallux valgus. Forty-five had unsatisfactory shoes, of these 37 were too short and 34 too narrow. One is tempted to ask, "How silly can you get?" If children, to satisfy a passing whim for fashion will be willing to endure discomfort, pain, and permanent deformity, it is hardly surprising that they react with little co-operation to efforts to discourage them from a habit which, at least in the foreseeable future, appears to them to do little apparent damage.

Fluoridation of Drinking Water

Efforts to encourage practical consideration of this in the Island have met with stolid opposition. The facts which present themselves are simply these.

- (1) That it costs some £7,000 a year to patch up the school children's teeth which are of a very low standard.
- (2) That fluoridation could be carried out for less than half that sum, and could be anticipated over a period to reduce the overall cost of dental treatment to possibly fifty per cent.

The gain is not a financial one, but it seems that a great deal of suffering and disability might be avoided, and in time more children will reach adult life with very much better teeth. It is platitudinous to say that prevention is better than cure, but this aphorism still seems to be obscured by apathy and prejudice.

Road Accidents 1963 (1962 figures shown in brackets)

Total	...	...	...	...	...	1,390	(1,294)
Serious Injuries			...	...	...	71	(80)
Deaths	...	...	...	...	...	8	(4)

Overall, the figures show an increase of 96 vehicular accidents and a total increase in injuries of 24.

The pattern of accidents on the Island's roads followed its usual trend, and we have some cause to be thankful that things are better here than on the mainland. Even so, there is great room for improvement. We are a relatively small community and therefore a drive to encourage better road manners might have that much more chance of some success, granted, of course, that there are many "foreign" road users during the summer. With regard to these visitors, presumably there will be the same number or a larger one of 'H' cars this year, and one wonders just when a halt will have to be called. Not only are the drivers of these cars less familiar with local safety regulations than the Islanders, but there is a growing tendency for commercial firms to fill already crowded parking places with their vehicles which is hardly fair on the private motorist, bearing in mind that special privileges are accorded to commercial vehicles in other places.

The most welcome innovation is traffic lights on St. Julian's Avenue, and the great virtue of this is that anyone wishing to enter from a side turning knows that gaps will periodically occur in the traffic. This soothes impatience and makes for safety. Unfortunately, it is very rare for anyone on the main road to give way to a car trying to enter from the side.

The impact of this on the schools is a definite one. A lot of accidents are due simply to bad manners and aggressive behaviour and if young people are firmly indoctrinated during their school years, they may grow up to be a little more considerate of others. Unfortunately this pious hope is not so far supported by insurance statistics, and it is significant that companies have found it necessary to load young drivers.

The other prime hazard in the Island is dangerous parking, in which a selfish and thoughtless motorist leaves his car in such a position as to force others on to the wrong side of the road. Perhaps the silliness of this could be pointed out to young people and more vigorous action taken against offenders by the Police.

Diet

There is little to report in this field. Food habits are inherited by example from parents, who in turn are influenced by the family economic position. It is an interesting observation that if young children are fed on wholesome but, to us, extremely unpleasant substances, they grow up liking them. This would seem to indicate that acquired dietetic fads are largely due to parental example. This was discovered in working out the treatment for phenylketonuria, a rare disease which has recently aroused interest, and in which certain unpleasant tasting food had to be used of necessity.

The best that can be done one supposes, is to keep on indoctrinating young people in schools as to what actually constitutes a healthy diet, and to hope that parental resources will admit some compliance with the rules of good feeding. As was pointed out in last year's Report, it has been demonstrated that children who are taller and heavier manifest by comparison a higher intelligence quotient than those of average size. Since diet is the most important influence in the attaining of above average physique its influence in education is therefore obvious.

Handicapped Persons

As time goes by it seems evident that there will have to be an energetic and realistic approach to people who graduate from Floraville and to a less extent, Valnord Schools. This will need to be the provision of some kind of occupational or day training centre, with perhaps some residential accommodation for the worst cases. Effort spent in salvaging handicapped persons so as to enable them to earn a living in some simple occupation, will be well rewarded.

Child Guidance

A valuable additional service began in 1963; the Child Guidance Clinic in the charge of Dr. B. J. Salisbury, M.B., B.S., D.C.H., D.P.M. In every school population there are children who do not easily adjust to their environment and it is often the case that both parents and child need skilled and experienced advice to overcome the problems which beset them. For lack of it, a child may benefit little from school years, the barriers becoming more difficult to surmount as time goes on. Children who present behaviour problems outside normal experience are sometimes found to have unusual difficulty adapting themselves to a normal environment at home and at school. However, it is more commonly the case that the family background and home environment have exaggerated the child's difficulty, although this may not be apparent to the parents and least of all to the child. Once again the importance of a secure home to every child is emphasised.

In his report "The Health of the Schoolchild 1960 and 1961" (p. 85) the Chief Medical Officer of the Ministry of Education states that "the need for more child psychiatrists is possibly the most urgent" in the Child Guidance Service. Guernsey is therefore fortunate to be able to offer such a service to island school-children and has the advantage of many areas on the mainland who are unable to do so.

Squint and Visual Defects

Of defects found, far and away the commonest is defective eyesight. The pattern observed in the school population of England and Wales is reflected here, that is to say that of children developing short sight during school years, a considerable proportion (approximately 20%) develop this between the ages of 8 and 12 years. There is, perhaps, a case for annual vision testing from about the age of 10 years, but this task could not be met by existing medical staff, however

desirable and it is thought that such a measure is not justifiable in present circumstances.

Out of School Influences

Many older folk today will remember the outcry which followed the widespread building of cinemas and frequent attendances by young people. This anxiety was prompted, not so much at the habit of spending several evenings a week in a stuffy building, but against the subject material of the films themselves, and any outbreak of juvenile rowdyism or unpleasant behaviour was inevitably attributed to the cinema. The content of the films followed much in the same pattern as television does today and reproduced much violence and crime. Nevertheless, one wonders if the comparable present day criticism directed against television is altogether justified. For example, when murder is depicted on a cinema or television screen, it now seems to have become merely a conventional commonplace and far removed from the real thing. The more pernicious influence, perhaps, is rather by implication than by direct approach to the viewer. That is to say, that tacit or overt approval and acceptance is given to moral standards which would be justifiably condemned five years ago. This is bound to have its influence on the young viewer who gets the impression that if he himself adopts a similar course of conduct he will not be out of step with society.

Presumably the television producers would reply to any criticism by saying that their function is to amuse and not to indoctrinate, but surely they would get just as many viewers if they maintained reasonably high standards of conduct in their entertainments. The point was made in the last report that some responsibility rests with parents to exercise some quantitative control over the children's viewing, and this still holds good. It seems possible, however, that television may ultimately become a self limiting pastime, and that time devoted to it may become more reasonable as people tire of it. After all, the cinema found its level in the end.

Tuberculin Testing and BCG Vaccination

Of 1,646 school entrants and juniors examined, 1,441 were tuberculin tested by the multiple puncture technique. This disclosed 23 children who were tuberculin positive, that is to say, children who had already suffered tuberculous infection. Each was carefully followed up and none was found to have an active infection. The probable source of infection in each case was determined and was, in almost every instance, considered to be a known case in the immediate family. Despite the complacency sometimes engendered by the power of modern anti-tuberculous drugs and their capacity to induce complete healing in many cases, there is no substitute for sound public health measures of detection and follow-up. It is only in this way that the incidence of new cases will be reduced and the disease ultimately eradicated. Cure is second best after prevention has failed.

TABLE I

Tuberculin Testing Programme (MPT)	Total examined	Total MPT	Refused MPT	MPT Not needed	Absent for MPT	MPT Positive
INFANTS ...	724	668	38	18	—	7
JUNIORS ...	922	773	58	58	33	16

Of those found to be tuberculin negative (i.e. vulnerable to tuberculous attack) only the 10 year age group are vaccinated with BCG. This year, of 757 juniors vulnerable 722 were vaccinated. The balance of 35 were absent at the time of BCG vaccination due largely to the epidemics of measles and then mumps, which attacked the school population during the summer term. There were no BCG refusals this year, that is to say that among those parents who consented to tuberculin testing, none declined the offer of BCG vaccination. On the other hand it is disappointing to report that of the 1,570 who were eligible for tuberculin testing, parents refused in 96 cases, or 6.1%. It is felt that this figure is unduly high and that thought must be given to giving parents more information upon which to base a reasoned decision, rather than be content with prejudice and uncertainty. With the new BCG technique developed during the year, the vaccination is now almost free from discomfort, both during insertion and during the subsequent skin reaction. Scarring does not occur with this new technique, as occasionally occurred following intradermal injections.

TABLE II

BCG Programme	TOTAL MPT	BCG	Refused BCG	MPT Positive	Absent for BCG
JUNIORS 	773	722	—	16	35

However, there is the other side of the BCG picture. If the acceptance rate continues to exceed 90% (93.9% in 1963) then the prevention of tuberculosis among senior school children and adolescents—the most vulnerable age groups—can be said to be very nearly complete, and the risk of serious spread in this group may be discounted. The health of the population as a whole cannot but benefit from this.

GENERAL

TABLE III

	Examined	Unsatisfactory	Satisfactory
Entrants 	724	5	719
Junior 	922	3	919
Senior 	238	0	238
TOTAL 	1,884	8	1,876

Training College Medicals = 28

The general health of Guernsey schoolchildren is good. In only 8 out of 1,884 was physical condition categorised as unsatisfactory. This is not to suggest that the physical attainments of the other 1,876 is in every case beyond improvement, but it does indicate a reasonably satisfactory state of health throughout the school population. Among those classified as unsatisfactory there is usually a background of an unsatisfactory home. The underprivileged family, the broken family, the over-large family which has outstripped the parents' financial and physical capacity to exercise the care and control which children need—these are among the most

potent factors. It is pleasant to record that the very great majority of parents, who attend school routine medical inspections, make it clear to the examining doctor that the welfare of their children is a major family consideration. This is proper. School can do much for children, but very much more when those children come from secure homes.

TABLE IV

Defects found at School			Defects found at Clinics
Eyes	295		119
E.N.T.	203		21
Speech	32		25
Asthma	24		6
Skin	44		.
Orthopaedic ...	106		—
TOTAL	904		171

During this year, for the first time, the vision of all school-entrants has been tested in their first term at school. So important is it to detect defective eyesight and squint as early as possible, that this measure was considered amply justified a year ago, and this has been confirmed by the number of unsuspected cases disclosed by this means. About 4 children in every 100 joining school have a correctable defect quite unsuspected by either the children themselves or their parents. Needless to say, the sooner treatment is begun the better and where treatment is not indicated, regular observation can be instituted early in those cases most requiring it.

The next most common defect found at routine inspections and at school clinics have been concerned with the ear, nose and throat. Of these, enlarged or chronically infected tonsils and adenoids constitute more than half. Such cases are invariably referred to the family doctor, whose knowledge of the child's past history of throat infections is necessary in order to arrive at the proper decision upon whether the tonsils or adenoids (or both) require removal or not.

During the year the Education Council made available to the school medical services an electronic device for the detection and assessment of deafness. The size of the problem is not yet established in Guernsey, for this would require an audiometric survey including the whole school population. Present equipment is not adaptable to such a task, but where deafness is suspected, an assessment can be made in selected cases. This is a valuable addition to our resources and one which is being used increasingly. Deafness, even of a minor degree, is a powerful barrier to education and one has every sympathy with a child who has to make extraordinary efforts of concentration in order to hear enough to keep up with his colleagues. The problem of how best to advise such children has been the subject of much discussion.

In 1963, twenty-five new cases were referred for speech therapy from infant schools. This valuable service achieves much, although its existence is not widely known. From those parents whose children have benefited however, there is no lack of genuine appreciation.

At routine inspections at schools some 106 orthopaedic defects were found. The very great majority of these are cases of flat foot. Flat feet seem to be remarkably common among Guernsey children. They are usually quite painless and are, in fact, sound functionally. The reason for this is not clear and in view of the general absence of the slightest disability, probably unimportant. It is simply an interesting observation without great significance. An unusual feature is that flat feet seem to be less common among seniors and infants than among juniors.

SCHOOL DENTAL SERVICE

Report for 1963 from D.J. Hearn, B.D.S. Principal Dental Officer

During 1963, the following schools were inspected:—

Castel, St. Andrew's, Forest, St. Saviour's, Notre Dame, St. Anne's, Alderney, St. Martin's, Beaucamp, and St. Peter-in-the-Wood. Treatment was however, carried out for children from all the schools in our care, and 2,754 were made dentally fit.

A total of 953 permanent teeth, and 2,327 deciduous teeth were extracted. Fillings in permanent teeth amounted to 4,826 and in deciduous teeth to 1,473, a total of 6,299. We treated 60 orthodontic cases and 15 partial denture cases.

Unlike previous years, all schools were not examined during the Autumn term, but are being seen individually and completed before we go on to another school. We are thus enabled to send appointments to those needing treatment within a few weeks of visiting their school, and this makes for a more efficient service. I would like to stress, that the co-operation of parents in the running of a dental service for schools is most important, and I ask them to make sure that their child keeps the appointment given to him. Parents are asked also to preserve the appointment cards and to advise the Dental Department if a child is unable to keep an appointment. We had quite a number of non-attendances in 1963, with consequent loss of valuable time. There is also the fact that a child needing fillings when inspected in school will probably need extractions of these same teeth within twelve months, if not treated.

Mr. Gregory visited Alderney on two occasions in 1963. He found many children there in need of fillings and extractions, and worked very hard to make as many as possible dentally fit.

I am pleased to report that approval has been given for the purchase and installation of a Phillips X-Ray Machine at the clinic.

FIGURES FOR 1963

Extractions

Permanent Teeth	...	...	...	...	...	...	...	953
Temporary Teeth	2,374

Fillings

Permanent Teeth	4,826
Temporary Teeth	1,473

<i>Scalings</i>	710
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<i>Gum Treatment</i>	42
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<i>Other Operations</i>	37
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<i>General Anaesthetics</i>	1,166
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<i>Orthodontic</i>	75
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<i>Treatment Completed</i>	2,754
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ANNUAL REPORT 1963

HEALTH VISITORS—SCHOOL WORK

From 19.2.1963.

Details	Mrs. Horkan	Mrs. Prévot	Mrs. Sangan	Mrs. Johnston
Medical at Schools—Sessions	24	39	36	30
Preparation for Medicals, including eyes testing, weighing and measuring sessions	14	21	23	14
School Clinics	24	22	14	17
Home Visits	82	50	98	129
Interviews	3	—	—	—
Special visits to Schools	2	1	4	6
Milk Scheme visits to Schools	10	5	6	3
Ineffectual visits	—	—	10	—
Cleanliness inspections—				
Sessions	49	48	34	49
Total seen	4,668	3,883	2,902	2,885
Infested	45	157	24	152
Excluded	28	45	24	128
Families	26	23	20	51
Problem Families	3	7	4	16
Administration—Sessions	13	27	7	43

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St. Anne's School, Alderney, 1963

Routine medical inspections of children were carried out once weekly throughout the year.

Six children were sent to Guernsey for tonsils and adenoids and six were recommended for eyesight tests.

Mrs. Edwards the school orthoptist visited the Island in March.

The continued absence of a regular dentist proved a handicap but Mr. Griffiths should be able to resume his interrupted duties in the New Year.

The general health among schoolchildren was good.

There was no outbreak of infectious diseases but sporadic cases occurred of mumps (7), measles (2), German measles (1) and chickenpox (1).

D. C. Bell.

